

FIG. 1

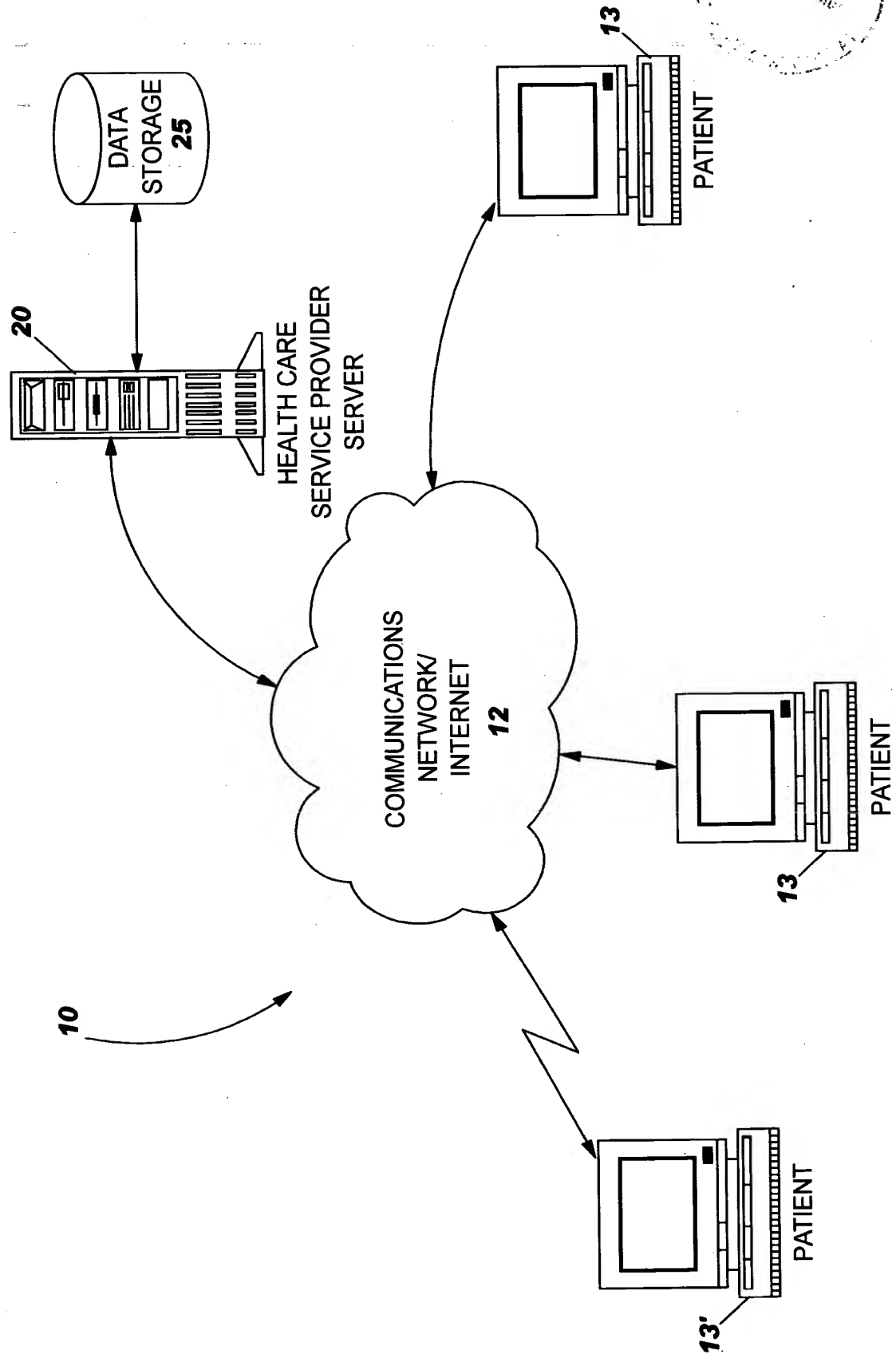


FIG. 2

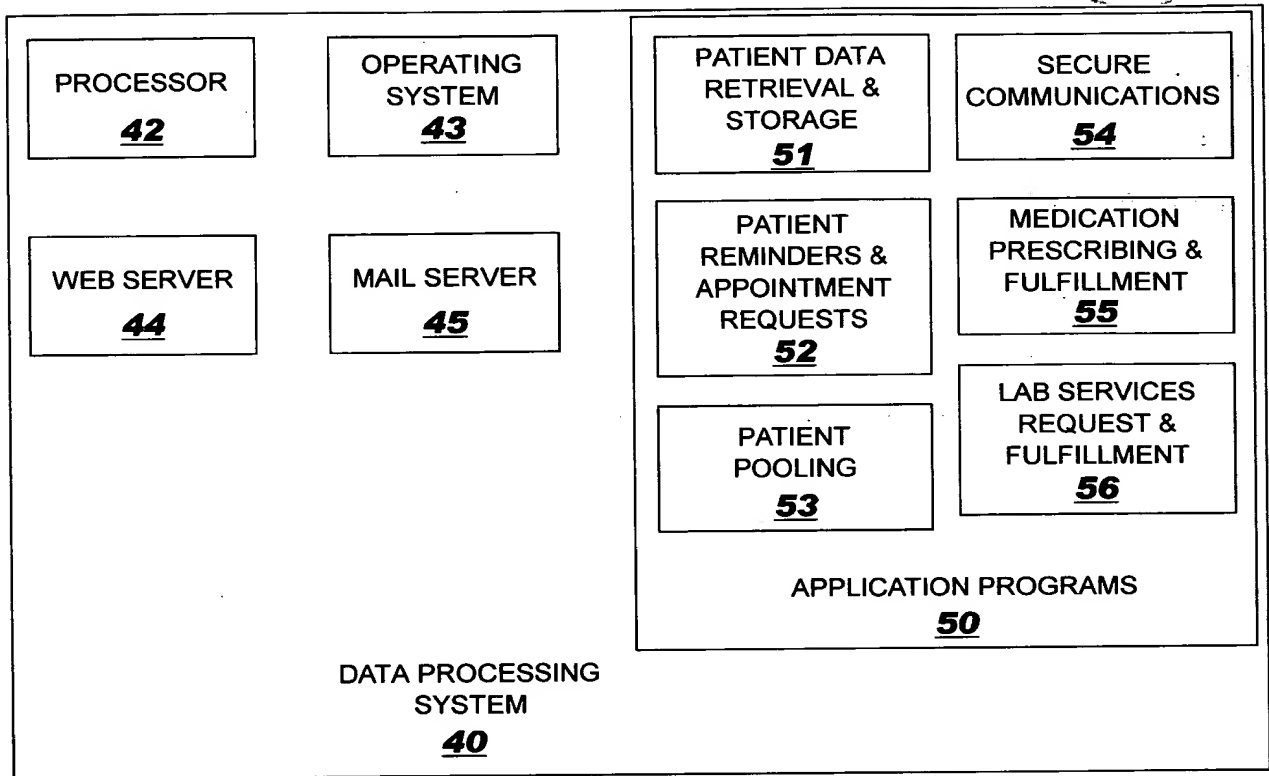


FIG. 4

FIG. 3

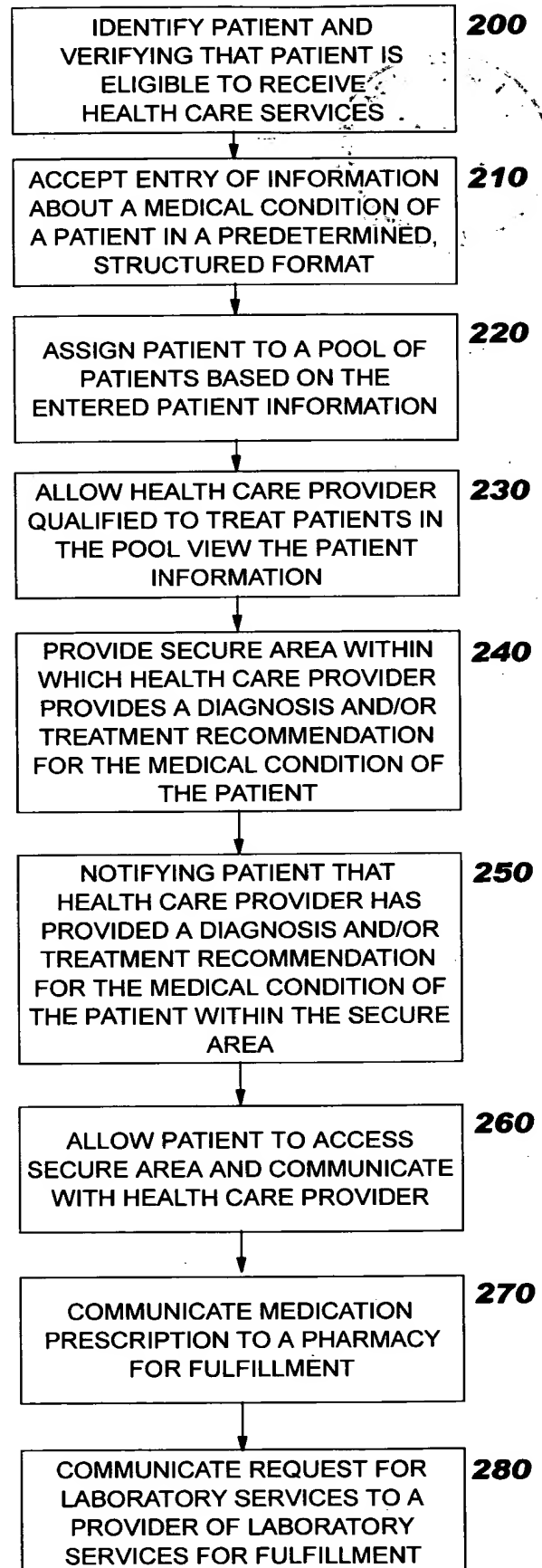
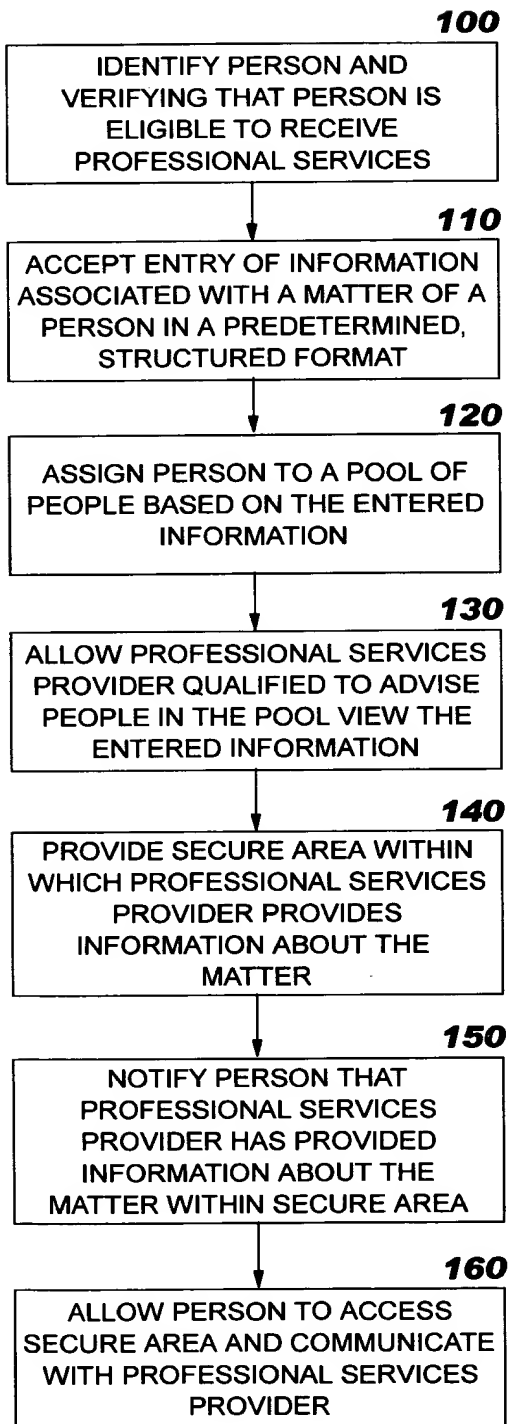


FIG. 5

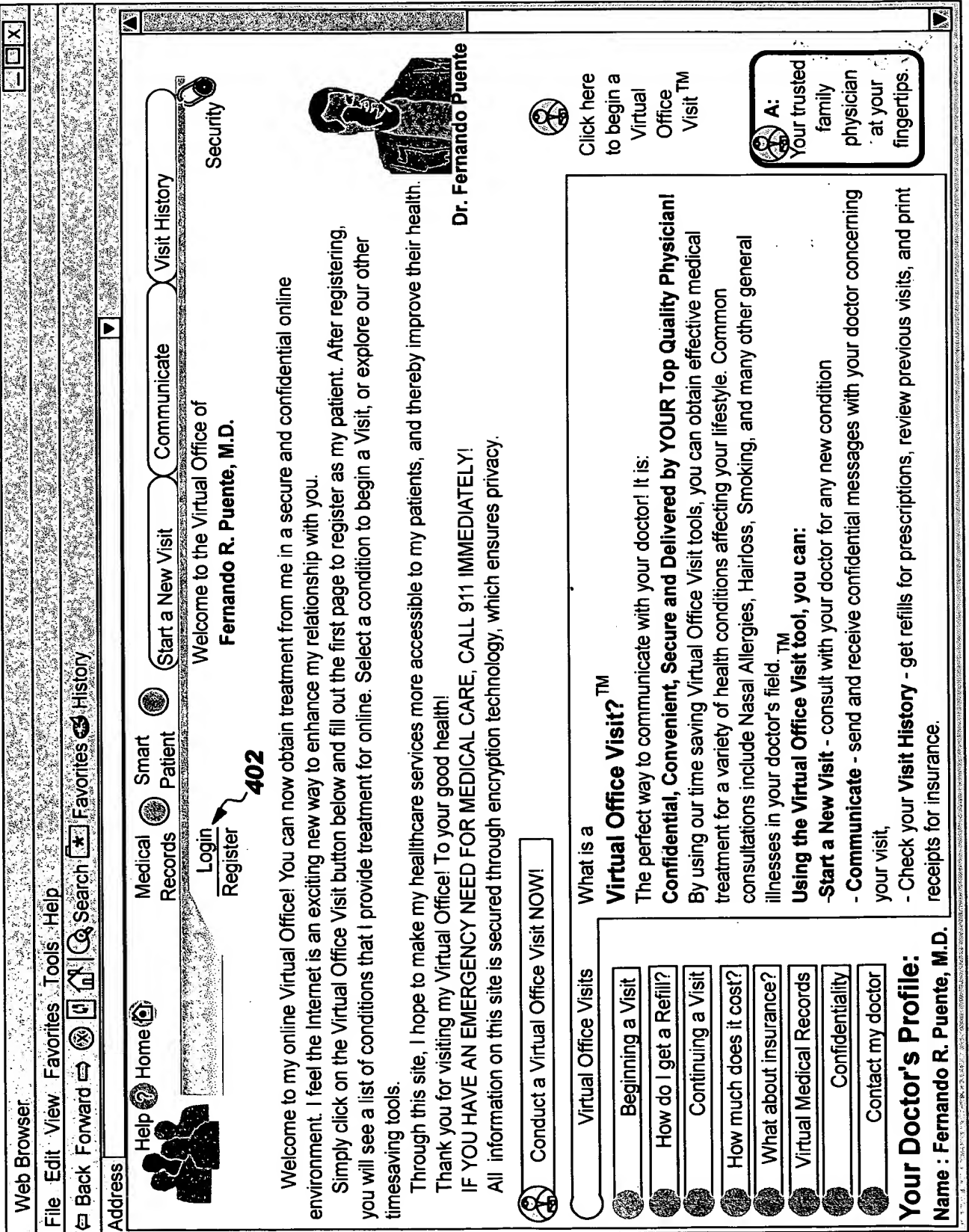


FIG. 6

500


Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

## Virtual Office Visit™

Start a New Visit  close menu

**Start a New Virtual Office Visit**

If you have visited us before, please login here: **501b**

User Id  Password  **501a**

Let's Begin Your Virtual Office Visit™

Please complete the following to begin your Virtual Office Visit™ Consultation

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first concern is for your safety, so please remember to answer all questions truthfully and accurately.

\* Required fields **502a**

\* First Name **502c**

Middle Name

\* Last Name

\* User Id  **503**

**502b** Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

\* E-mail Address  **504**

\* Confirm E-mail Address

\* Primary language: English  **505**

Have you had a PHYSICAL consultation with this doctor or practice before?  
(You must answer this question to continue with your visit.)

Yes ☐ No ☐

\* Do you want to receive promotional E-mails? Yes ☒ No ☐

Continue

**Important Security Note:** As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.

FAQ  
Confidentiality  
Security  
Contact Info  
Doctor Quality  
Emergency  
Practice Areas  
Site Map

Home  
Security  
Condition Library  
FAQs  
Fees & Pricing  
Live Help  
EXIT  
Logout

FIG. 7

510

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

## Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

As a patient of Primary Care of the Triangle, you can utilize our **Virtual Office Visit™** to obtain a **Secure, Confidential, and Convenient** consultation by our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1:  **511a**

Topic 2:  **511b**

Topic 3:  **511c**

Click Here Our Conc

FAQ  
Confidentiality  
Security  
Contact Info  
Doctor Quality  
Emergency  
Practice Areas  
Site Map

As the first step in conducting your Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

### 85 Personal Information

\* required fields

\*First Name

\*Last Name

\*Gender ☐ M ☐ F

\*Address Line 1

Address Line 2

\*City

\*State

\*Zip

\*Country

Business Phone

\*Home Phone

\*E-Mail

\*E-Mail Confirmation

Please confirm this has been entered correctly!  
This is our primary means of contact with you.

\*Date of Birth  mm/dd/yy

Continue

Home  
Security  
Condition Library  
FAQs  
Fees & Pricing  
Live Help  
EXIT  
Logout

512

FIG. 8A

520

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

### Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe one of the following medications. If you have a preference, or are already taking one of these medications, please check the appropriate medications.

Allergic Rhinitis

☐ Allegra

☐ Claritin

☐ Zyrtec

Billing Information

Card Holder Name

Card Type Visa

Card Number

Expiration Date January 2001

Waiver of Liability and Informed Consent to Release Medical Records

I understand and agree that:

I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

My Physician uses his or her independent

Click to continue your Virtual Office Visit

FAQ  
Confidentiality  
Security  
Contact Info  
Doctor Quality  
Emergency  
Practice Areas  
Site Map

Home  
Security  
Condition Library  
FAQs  
Fees & Pricing  
Live Help  
EXIT  
Logout

521

522

523

524



FIG. 8B

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

### Virtual Office Visit™

#### 85 Personal Information

**\* required fields**

*First Name	Bob
*Last Name	Smith
*Gender	M
*Address Line 1	2323 Road
Address Line 2	
*City	Raleigh
*State	North Carolina
*Zip	27610
*Country	United States
Business Phone	
*Home Phone	919-787-7890
*E-Mail	bobsmith@hotmail.com
*Date of Birth	6/13/74

**NOTE:** Please confirm your personal information. If this information is incorrect please update it now.

525

Home

Security

Condition Library

FAQs

Fees & Pricing

Live Help

EXIT Logout



FIG. 9A


530

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

**Virtual Office Visit™** Start a New Visit  get more info here

**Start a New Virtual Office Visit**

**Security Note:**  
Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)

\* Required fields

**Please respond to each question listed below:**

Do you consume more than 2 servings of alcohol per day? Yes ☐ No ☐ No Answer ☐ 531

Do you use recreational drugs? Yes ☐ No ☐ No Answer ☐  
If yes then please describe:

Do you use tobacco products? Yes ☐ No ☐ No Answer ☐  
If no, Number of years tobacco free?

How many cups of caffienated beverage do you consume in an average day?  532

**Vital Statistics**

\*Height (in inches)  (Hint: 4ft=48in; 5ft=60in; 6ft=72in)

\*Weight (in pounds)

Blood Pressure  533

**Current Medications**

\*Please list all prescription medications, nonprescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);  
Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol 0 occasionally  
If you are not currently taking any medications, you must enter "none"

**\*Known Drug Allergies**  
If you have no known drug allergies, you must enter "none"

**Surgical History**

\*Description of Surgery/Date of Surgery:  534  
If you have not had surgery, you must enter "none"

Home  
Security  
Condition Library  
FAQs  
Fees & Pricing  
Live Help  
EXIT  
Logout

FIG. 9B

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

### Virtual Office Visit™

Home
 Security
 Condition Library
 FAQs
 Fees & Pricing
 Live Help
 EXIT Logout

#### Family Medical History

Has anyone in your family had any of the following medical problems?

535

Heart Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
High Cholesterol?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Kidney Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Liver Disease?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Asthma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Seizure disorder or epilepsy?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Neurologic disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Colon cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Breast cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Lung cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Other cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>

#### General Medical History

536

Do you have or have you had any of the following?

Heart Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
High Blood Pressure(hypertension)?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Stroke?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Kidney Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Diabetes or high blood sugar?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>

FIG. 9C

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

### Virtual Office Visit™

Home
 Security
 Condition Library
 FAQs
 Fees & Pricing
 Live Help
 Logout

Diabetes or high blood sugar?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Cancer?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Liver Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Gall Bladder Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Stomach or Intestinal Problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Pulmonary or respiratory problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Asthma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Musculoskeletal problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Thyroid or endocrine disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Allergic disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Epilepsy or seizure disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Blood clots or phlebitis?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Genital disorder?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Neurological problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Psychiatric problem?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Frequent Headaches?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Significant trauma?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Skin problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
Other chronic problems?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>
*Are you being treated for any medical conditions at this time?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/> *If yes then please describe: <input type="text"/>
*Have you been examined by a healthcare provider within the last 12 months?	Yes <input type="radio"/> No <input type="radio"/> No Answer <input checked="" type="radio"/>

reference: Harrison's General Principles of Medicine

**Update General Medical History**

FIG. 10A

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address:

**Virtual Office Visit™** Start a New Visit [get more info here](#)

**Start a New Virtual Office Visit**

Specific Men's Impotence Questions  
\*Answer Required

540

\*Do you feel you have adequate interest in sex?  
☐ Yes ☐ No

\*How long have you felt sexually dysfunctional?

\*Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?  
☐ Yes ☐ No

\*During intercourse, do you find it difficult to maintain you erection after you have entered your partner?  
☐ Yes ☐ No

\*Do you feel your penis is crooked?  
☐ Yes ☐ No

\*Have you used a method or treatment for erectile dysfunction in the past?  
☐ Yes ☐ No

\*Describe the method or treatment you used for erectile dysfunction.

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your doctor understand your problem:

Home  
Security  
Condition Library  
FAQs  
Fees & Pricing  
Live Help  
EXIT  
Logout

FIG. 10B









Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

### Virtual Office Visit™

  
  
Home  
  
Security  
  
Condition Library  
  
FAQs  
  
Fees & Pricing  
  
Live Help  
  
EXIT  
Logout

\*Are you taking any antidepressants?  
☐ Yes ☐ No

\*Are you taking any antibiotics?  
☐ Yes ☐ No

\*Are you taking any oral antifungal medications?  
☐ Yes ☐ No

\*Do you have a bleeding disorder?  
☐ Yes ☐ No

\*Are you or have you been treated for an ulcer?  
☐ Yes ☐ No

\*Have you ever been told you have angina or other heart conditions?  
☐ Yes ☐ No

\*Do you take any medications to lower your blood pressure?  
☐ Yes ☐ No

\*Have you ever been told that you have decreased or abnormal kidney function?  
☐ Yes ☐ No

\*Do you understand what a nitroglycerin or a nitrate is?  
☐ Yes ☐ No  
If you do not understand what a nitrate is, please [click here](#).

\*Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?  
☐ Yes ☐ No

\*Do you take any medication classified as a nitrate in any form?  
☐ Yes ☐ No

Continue

FIG. 11

550

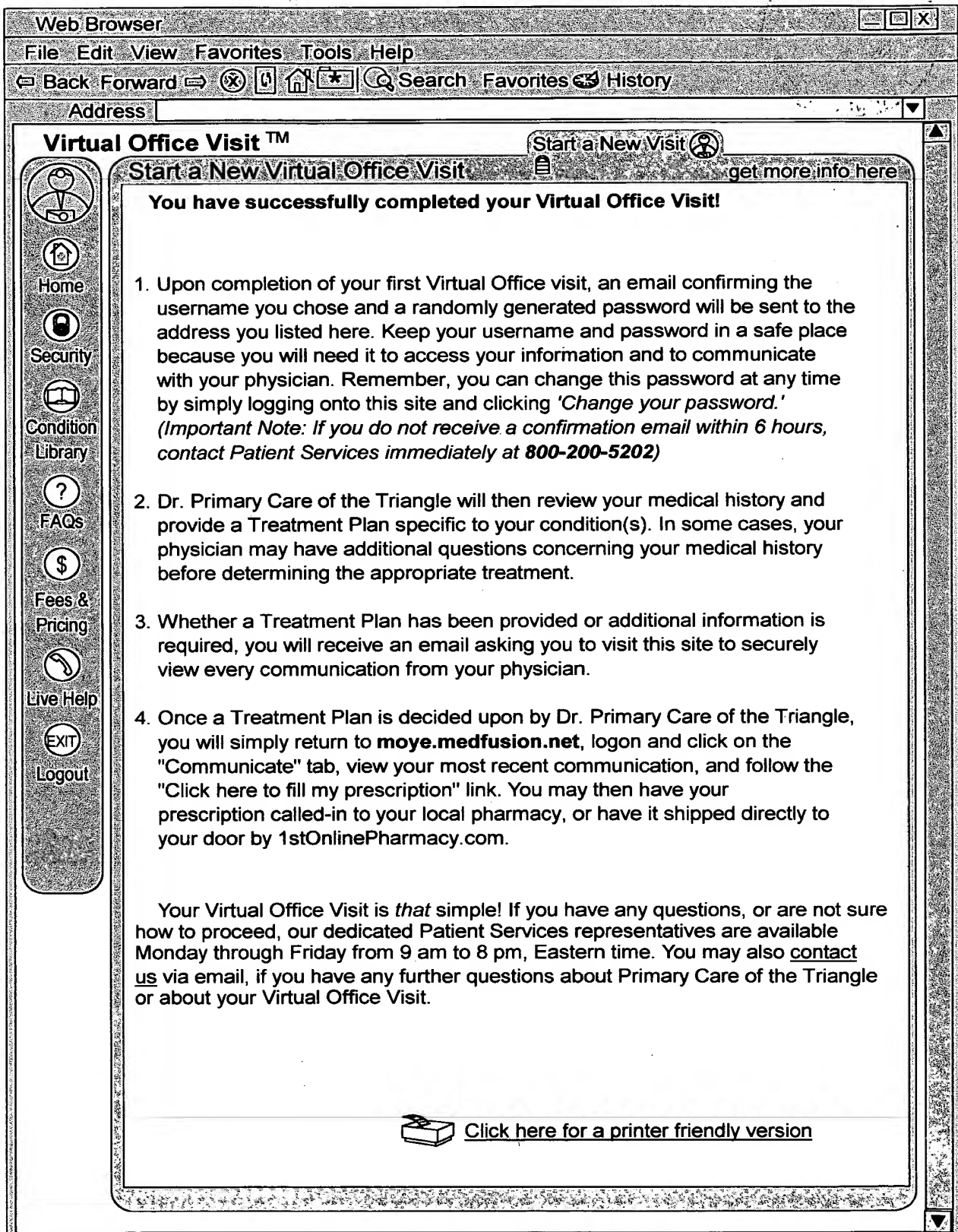




FIG. 12

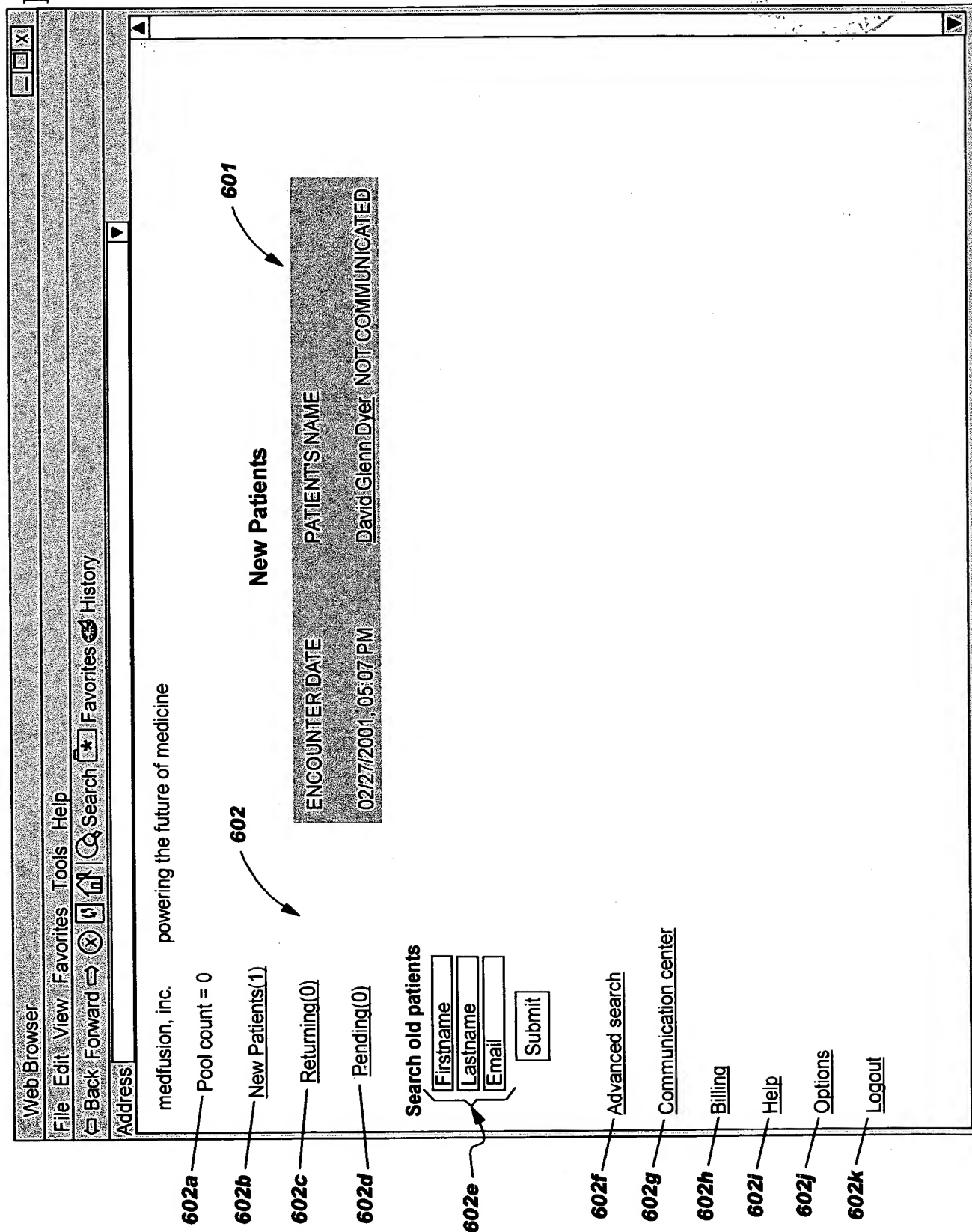
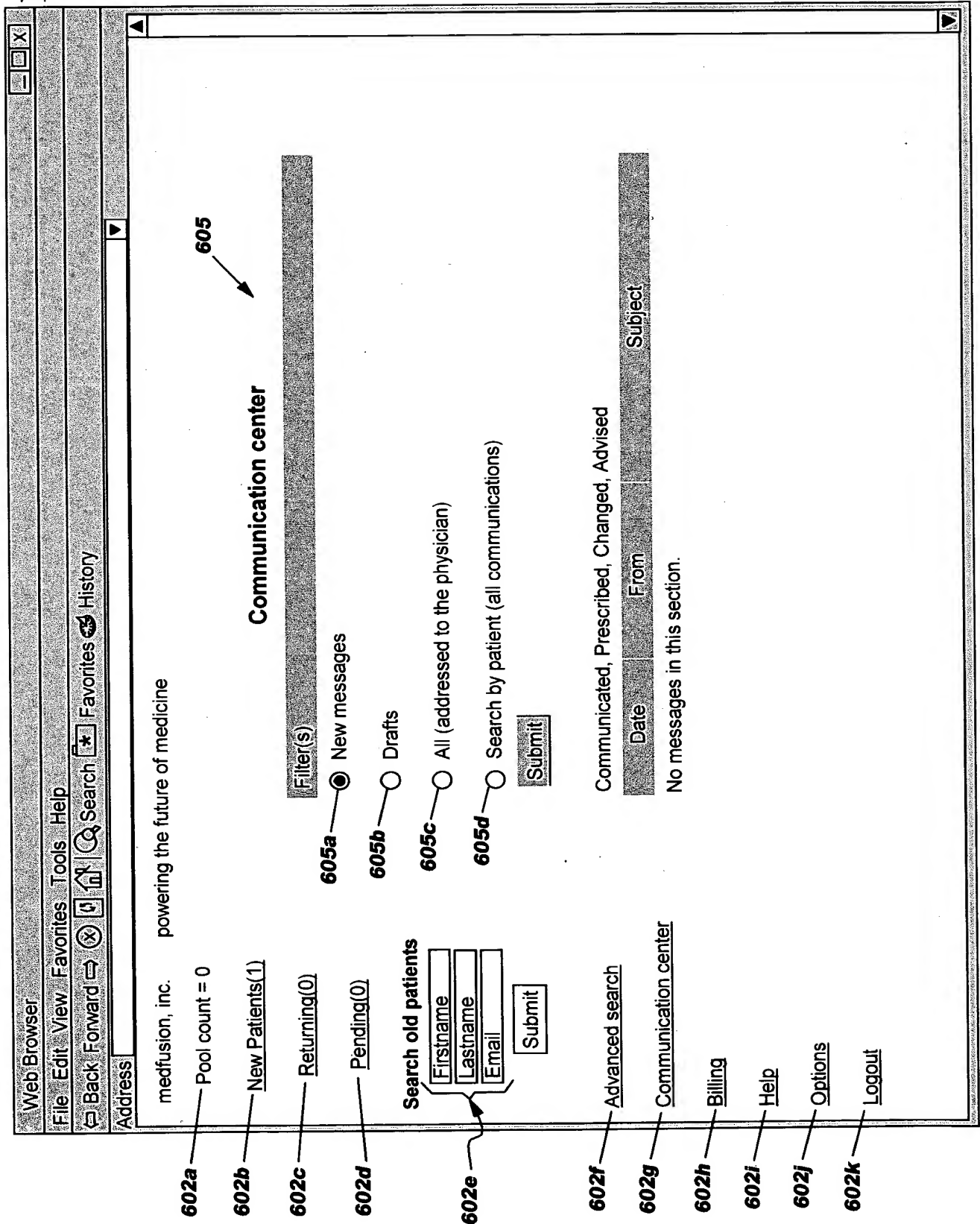




FIG. 13



610

Web Browser

File Edit View Favorites Tools Help

Back Forward

Search

History

Address

medfusion, inc. powering the future of medicine

Home Logout FAQ Contact Us Search

Location Dr. Jonathan Dough

Patient Profile

Basic Health

Family History

Labs & Procedures

Condition Specific Answers

Patient Chart

David Glenn Dyer

(Hair Loss)

Age: 39

Sex: M

Height: 70(in)

Weight: 205(lbs)

State: North Carolina

Communicate

Make Notes

Take Action

612

611

Patient

Do you consume more than 2 servings of alcohol per day

No

11/7/2000

8:15AM

Do you use recreational drugs

No

11/7/2000

8:15AM

Do you use tobacco products

Yes

11/7/2000

8:15AM

How many cups of a caffeinated beverage do you consume in an average day

2

11/7/2000

8:15AM

Vitals

Height (in inches)

70

11/7/2000

8:15AM

Weight (in pounds)

205

11/7/2000

8:15AM

Blood Pressure

120/80

11/7/2000

8:15AM

Current Medications

Current medications

None

11/7/2000

8:15AM

Known Drug Allergies

Known Drug Allergies

None

11/7/2000

8:15AM

Surgical History

Description of Surgery/Date of Surgery

None

11/7/2000

8:15AM

Family History

Heart Disease

No

11/7/2000

8:15AM

FIG. 14B

610

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

medfusion, inc. powering the future of medicine Home Logout FAQ Contact Us Search Location Dr. Jonathan Dougherty

Patient Profile

Basic Health

Family History

Labs & Procedures

Condition Specific/Answers

Patient Chart

David Glenn Dyer

(Hair Loss)

Age: 39 Sex: M Height: 70(in) Weight: 205(lbs) State: North Carolina

Communicate

Make Notes

Take Action

Take Action

Consult #1: - David Glenn Dyer is seeking treatment for Hair Loss

Choose consult status

Choose consult status

Prescribe med and communicate

Provide advice (Medical contraindication from history)

Provide advice (Does not meet FDA prescribing guidelines)

Provide advice (Allergic to medicine or has cross sensitivity with an ingredient)

Provide advice (Unable to establish patient/doctor relationship)

Communicate only

Do not charge and communicate

614

614a

**620**

If you wish to write a general Rx for this encounter in addition to the one above, enter the text in this area.

**622**

FIG. 15B

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

622

Diagnostic code - description  
704.9 - hair loss 624

Pharmacy dispensing information

625a ☒ Generic substitution permitted 625b ☐ Dispense as written

Messages choose What's this?

Insert m choose proppecia Medical advice

Comment(s) Continuing care

To: Pa Change medication

Subject: proppecia \*required

626

Your request for Proppecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

Process and communicate

FIG. 16

640

21/31

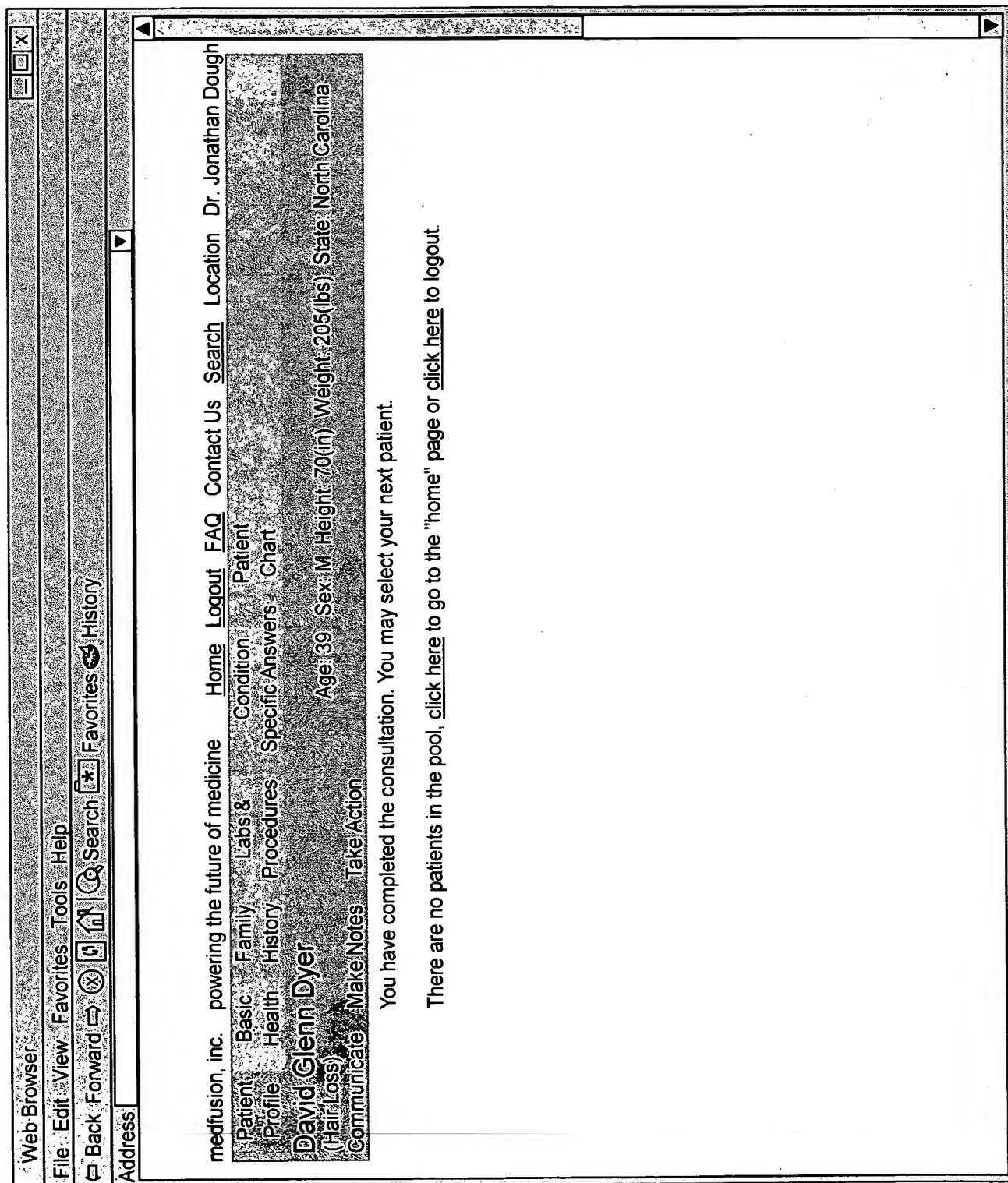




FIG. 17

700

Message

File Edit View Insert Format Tools Actions Help

Send

To: MedFusion Patient Services

Cc: Dyer, David

Subject: Please read immediately

Please note: Do not respond to this email. Logon to our site to securely communicate with us.

Greetings from Medical Edge Healthcare Group's Virtual Office,

We have sent you a secure communication regarding your Virtual Office Visit.

To view this communication, please:

1. log on to
2. Enter your User id and Password
3. Go to "Click Here to Read Messages"

You can correspond with me using this secure communication tool after you have reviewed my comments.

If you have forgotten or misplaced your password, go to my site and select the option for me to email your password to you.

To logon to my website, click on <http://medicaledge.medfusion.com/secure/Member/login/login.cfm?GID=101&dest=communication> or copy and paste this address into your browser

To Your Good Health.

William Boone, M.D.





FIG. 18

710

Web Browser
File Edit View Favorites Tools Help
Back Forward Search Favorites History
Address

Welcome to the Virtual Office of  
Acme Dermatology Associates, P.A.

[Login](#)  
[Register](#)

To use our patient services, we request that you take a moment to register. After you complete your registration, we will email you a unique User ID and Password which you may customize as soon as you login. This extra bit of security was designed to ensure that your confidential information is not compromised.

**CLICK HERE JOIN!**

If you are already a registered patient, please login here:

**710a** User Id   
**710b** Password

**FORGOT**  
Your password?

[Click here to have your Password E-mailed to you](#)

disclaimer & legal notes
   
 powered by
   
 copyright 2000

FIG. 19

720

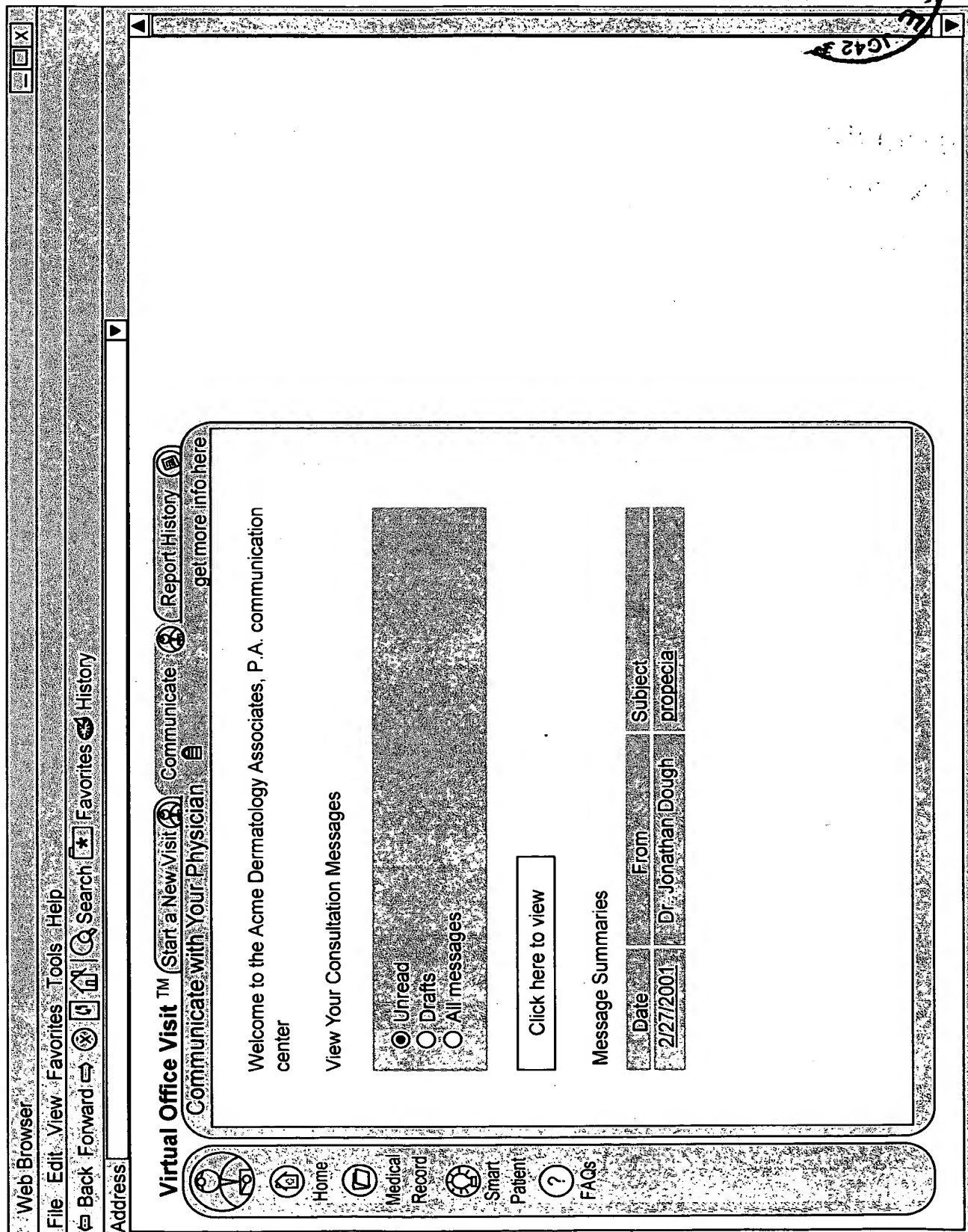


FIG. 20

730

Web Browser: File Edit View Favorites Tools Help  
 Back Forward Search Favorites History  
 Address

---

**Virtual Office Visit™** Start a New Visit Communicate Report History  
 Communicate with Your Physician

Click Here for Previous Screen

From: Dr. Jonathan K. Dough

To: patient

Subject: propecia

Your request for Propecia has been approved. Please remember that although it starts to work immediately, you may not see any changes for 3 months. Read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

View all messages for this encounter

Create a Response Communication

To:

Subject (This is required)

Message

Communicate Save as draft

FIG. 21

26/31

740

Web Browser
File Edit View Favorites Tools Help
Back Forward Search Favorites History
Address

**Virtual Office Visit™**
Start a New Visit
Communicate
Report History

Communicate with Your Physician

From: Dr. Rowena G. Sobczyk
Subject: approve valtrex

741

Your request for Valtrex has been approved. Even while taking this medication, you can still spread the herpes virus, so it is important to take precautions. Please read the specific drug information from your pharmacist that you will receive with your prescription. Feel free to contact me or our pharmacist with any questions you might have.

View all messages for this encounter

Create a Response Communication

To  Physician
Subject (This is required)
Message

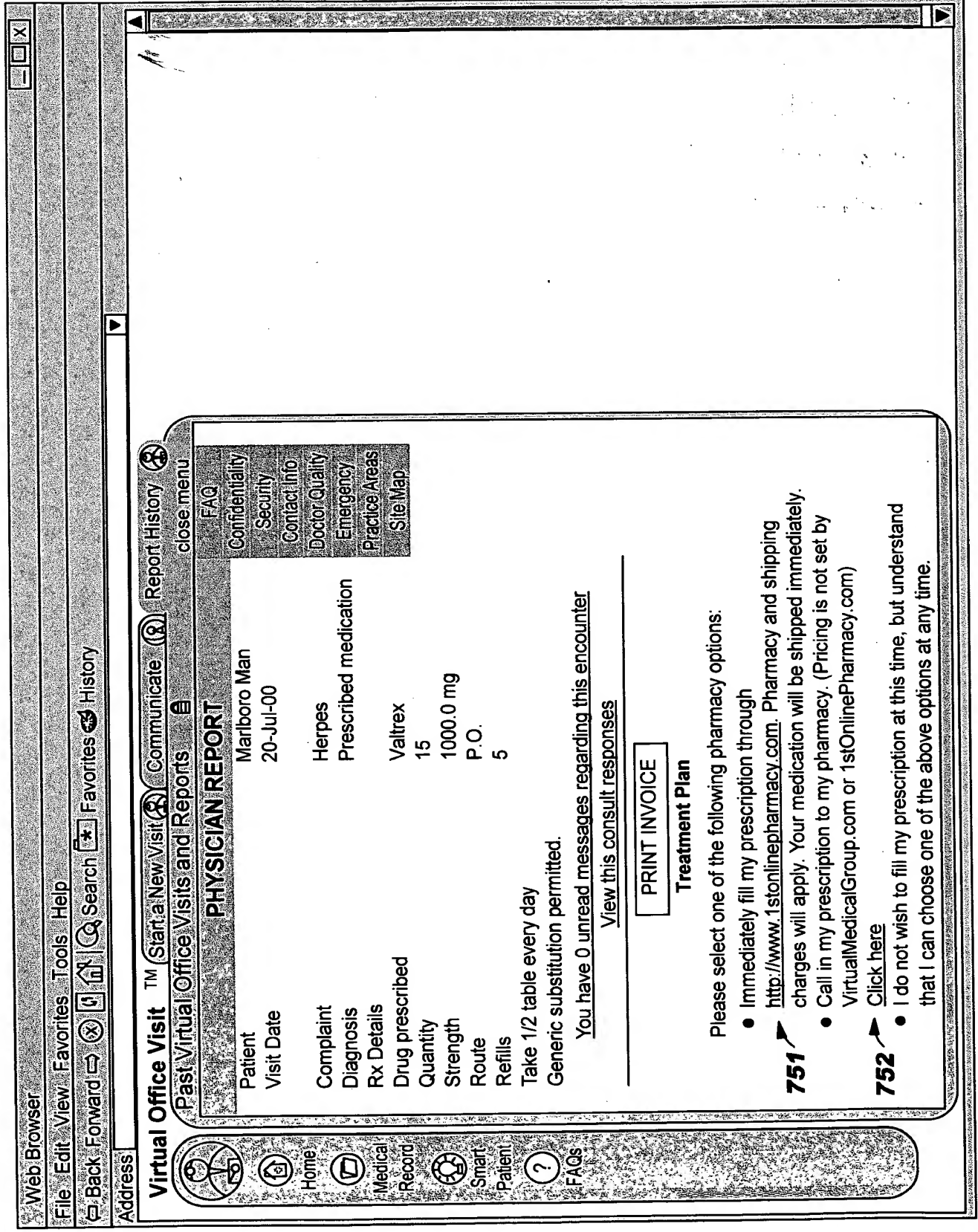
742

CLICK HERE to fill your prescription

FIG. 22

27/31

750



751

752

FIG. 23A

800

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Appointment Request

Schedule an Office Visit

DrGrantKoher.com

Thank you for visiting my Virtual Office provided by VirtualMedicalGroup.com. I have been practicing in the field of hair replacement and cosmetic surgery for over a decade in Ohio, Pennsylvania, and North Carolina. I am also currently opening an office in the Atlanta metro area. In all of my practices, I strive to provide patients with clinical expertise and knowledge gained through thousands of consultations for hair replacement surgery. Combined with my experience in cosmetic enhancement, I think you will find this site a valuable tool in determining what treatment will be best for you.

Existing Patient Inquiry

If you are an existing patient with a user id and password please [click here](#).

If you are a new patient please continue below.

User Registration

Please enter a username, and we will create an encrypted password that will be e-mailed to you.

(Example: jsmith, johns, john\_smith, j\_smith)

\*Username michaelcraig40

Contact Information

\*First Name David

\*Last Name Dyer

Middle Name

\*Address 1 123 Elm Street

Address 2

\*City Raleigh

\*State North Carolina

\*Country United States

\*Zip Code 27608

Request a Time



FIG. 23B

800

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

\*Zip Code 27608

\*Home Phone 919-781-4792

Work Phone 919-659-3201

\*E-Mail ddver@medicalweb.com

\*Confirm E-Mail ddver@medicalweb.com

Would you like us to call with your appointment confirmation? ☒ Yes ☐ No

Personal Information

\*Date of Birth 09/15/61

Gender ☒ Male ☐ Female

Social Security No.

Employer

Employer Address

Spouse Name (if Applicable)

Guarantor (if child)

Appointment Information

\*I would like to see you

\*Appointment day needed

Monday  
Tuesday  
Wednesday  
Thursday

\*Appointment Time Needed

morning

(Example: Morning, Afternoon, 8am-12pm, 3pm-5pm)

\*Reason for Visit

hair restoration consult

Referred By



FIG. 24A

810

Web Browser

File Edit View Favorites Tools Help

Back Forward Search Favorites History

Address

Appointment requests for DrGrantKoher.com

**Choose Appointment Status**

Request: ☒ Approved: ☐ Rescheduled: ☐ Hold: ☐

From 1 2000

To 12 2000

Submit

**Patient/Appointments**

Name	Request date/time	Reason	Address	Contact information
Michael Craig	Next week on Monday, Wednesday morning, Hold	hair restoration	123 Elm Street Raleigh, North Carolina 27608 United States	919-781-4792 919-659-3201 <a href="mailto:ddyer@medicalweb.com">ddyer@medicalweb.com</a>
Vikram Natarajan	Next week on Monday, Wednesday, Friday morning, Hold	hair restoration consult	123 Elm Street Durham, North Carolina 27705 United States	919-784-6666 919-659-3208 <a href="mailto:vikramtn@medicalweb.com">vikramtn@medicalweb.com</a>

FIG. 24B

810

Web Browser  
File Edit View Favorites Tools Help  
Back Forward Search Favorites History  
Address

---

**Patient Information**

Name: Michael Craig  
Address: 123 Elm Street  
Raleigh, North Carolina 27608  
United States  
Home Phone Number: 919-781-4792 919-659-3201  
Work Phone Number: 919-659-3201  
Wants phone confirmation? Yes  
E-Mail Address: ddyer@medicalweb.com  
Date of Birth: 15-Sep-61  
Gender: M  
Preferred day(s): Next week on Monday, Wednesday morning  
Preferred time: hair restoration  
Appointment Reason: **Hold**  
Appointment Status:

---

**Communications**

Date	From	To	Subject	Status
10-Oct-00	Administrator	patient	Appt. Request Response	Read

Message:  
We have reserved your appt. for next Wednesday 10/18/00 @ 9:00 - please confirm that you can make this time and we will approve your request for this appointment slot. TY,  
Dr. Koher Admin.

---

**Administrative Information**